

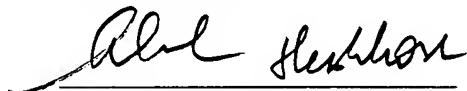
REMARKS

The Examiner is respectfully requested to enter the foregoing Amended Sheets and to amend the MODIFIED claims as indicated above, prior to examination and calculation of the filing fees in the above-identified patent application.

Please charge any additional fees necessary for consideration of the papers filed herein and refund excess payments to Deposit Account No. 50-2929.

Should there be any questions, the Examiner is invited to contact the undersigned at the below listed number.

Respectfully submitted,
Florin PRICOP



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June 15, 2005
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